

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

ILLUMINATING REFLECTOR WITH LOW-GAIN  
PROPAGATOR

Attorney Docket Number::

040092-023900US

Request for Early Publication::

No

Request for Non-Publication::

Yes

Suggested Drawing Figure::

3

Total Drawing Sheets::

8

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Julie  
Middle Name::  
Family Name:: Miller  
Name Suffix::  
City of Residence:: Auberry  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 42104 Bald Mountain Raod  
City of Mailing Address:: Auberry  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93602

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: J.  
Family Name:: Taft  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::